

PART B - FEE(S) TRANSMITTAL



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WILLIAM H. EILBERG,ESQ.
 THREE BALA PLAZA
 SUITE 501 WEST
 BALA CYNWYD, PA 19004

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William H. Eilberg
 William H. Eilberg
 July 7, 2004

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/082,501 | 02/25/2002 | David P. Albrecht | 505-05 | 1167 |

TITLE OF INVENTION: FLANGE PLATES FOR FLUID PORT INTERFACES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | YES | \$865 | \$300 | \$965 | 07/14/2004 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| BOCHNA, DAVID | 3679 | 285-189000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

William H. Eilberg

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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(Date)

7/7/04

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 02 FC:1504 300.00 0P

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WILLIAM H. EILBERG
ATTORNEY AT LAW
THREE BALA PLAZA, SUITE 501 WEST
BALA CYNWYD, PENNSYLVANIA 19004
215-885-4600 FAX: 215-885-4603
TOLL FREE: 888-908-2323
EMAIL:WHE@EILBERG.COM

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July 7, 2004

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Re: U.S. Patent Application
Serial No. 10/082,501; filed February 25, 2002
Title: FLANGE PLATES FOR FLUID PORT INTERFACES
File No. 505-05

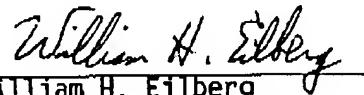
Dear Sirs:

I am transmitting an Issue Fee Transmittal (Form PTOL-85) and a Credit Card Payment Form (Form PTO-2038), for payment of the issue fee and publication fee for the above application.

This transmission contains three pages, including this cover letter.

Please confirm receipt of this transmission, by sending a fax to me at 215-885-4603.

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William H. Eilberg
Registration No. 28,009
Attorney for Applicant

VIA FAX to 703-746-4000

WHE/st